

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **06,423,223**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4				1	1	
5						1
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TOTAL IND.	1	↓	1	↓	2	↓
TOTAL DEP.	2	↓	3	↓	8	↓
TOTAL CLAIMS	3		4		10	

	INC.		DEP.		IND.		DEP.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.
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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.								
TOTAL CLAIMS								